Amendments from Elder Affairs: 26, 32, 69, 95, 96, 97, 102, 103, 104, 198, 233, 288, 289, 290, 292, 293, 294, 295, 296, 315, 320, 321, 507, 573, 678, 709, 734, 745, 751, 803, 830, 863, 868, 875, 934, 1009, 1141, 1148, 1162, 1172, 1228, 1289, 1318, 1369, 1385, 1472

Amendments from Medicaid: 14, 15, 47, 151, 155, 193, 243, 245, 246, 248, 250, 251, 253, 261, 284, 285, 291, 300, 307, 308, 309, 388, 394, 447, 448, 452, 497, 580, 581, 582, 585, 656, 662, 670, 685, 692, 696, 697, 698, 700, 706, 730, 731, 732, 733, 743, 755, 758, 776, 842, 847, 850, 855, 889, 925, 930, 942, 947, 952, 958, 998, 1000, 1002, 1006, 1042, 1043, 1044, 1064, 1092, 1093, 1124, 1140, 1165, 1168, 1188, 1190, 1204, 1205, 1213, 1230, 1251, 1304, 1317, 1335, and 1407

Mr. DeLeo of Winthrop and others move to amend the bill in section 2, in item 0710-0225, by striking out the figure "$655,434" and inserting in place thereof the following:- "$805,434"

And move to further amend the bill in section 2, in item 0810-0021, by striking out the figure "$2,820,358" and inserting in place thereof the following:- "$2,970,358"

and move to further amend the bill in section 2, by striking item 4000-0300, and inserting in place thereof the following:-

4000-0300	For the operation of the executive office, including the operation of the managed care oversight board; provided, that the executive office shall provide technical and administrative assistance to agencies under the purview of the secretariat receiving federal funds; provided further, that the executive office and its agencies, when contracting for services on the islands of Martha's Vineyard and Nantucket, shall take into consideration the increased costs associated with the provision of goods, services, and housing on said islands; provided further, that the executive office shall monitor the expenditures and completion timetables for systems development projects and enhancements undertaken by all agencies under the purview of the secretariat, and shall ensure that all measures are taken to make such systems compatible with one another for enhanced interagency interaction; provided further, that the executive office shall continue to develop and implement the common client identifier; provided further, that the executive office shall ensure that any collaborative assessments for children receiving services from multiple agencies within the secretariat shall be performed within existing resources; provided further, that funds appropriated herein shall be expended for the administrative, contracted services and non-personnel systems costs related to the implementation and operation of programs authorized by sections 9A to 9C, inclusive, and section 16C of chapter 118E of the General Laws; provided further, that such costs shall include, but not be limited to, pre-admission screening, utilization review, medical consultants, disability determination reviews, health benefit managers, interagency service agreements, the management and operation of the central automated vendor payment system, including the recipient eligibility verification system, vendor contracts to upgrade and enhance the central automated vendor payment system, the medicaid management information system and the recipient eligibility verification system MA21, costs related to the

information technology chargebacks, contractors responsible for system maintenance and development, personal computers and other information technology equipment; provided further, that 50 per cent of the cost of provider point of service eligibility verification devices purchased shall be assumed by the providers utilizing the devices; provided further, that the executive office shall assume the full cost of provider point of service eligibility verification devices utilized by any and all participating dental care providers; provided further, that in consultation with the division of health care finance and policy, no rate increase shall be provided to existing medicaid provider rates without taking all measures possible under Title XIX of the Social Security Act to ensure that rates of payment to providers do not exceed such rates as are necessary to meet only those costs which must be incurred by efficiently and economically operated providers in order to provide services of adequate quality; provided further, that said executive office shall not reduce the outpatient rates for any specialty hospital which limits its admissions to patients under active diagnosis and treatment of the eyes, ears, nose, and throat, below that which was granted during hospital fiscal year 2005; provided further, that a new methodology shall be established for rates reimbursed by the commonwealth through the division of health care finance and policy and the executive office of health and human services to cover the cost of care provided by any health care facility licensed by the department of public health as a non-acute chronic hospital with no fewer than 500 licensed beds as of June 30, 2007 , with no fewer than 150,000 Medicaid patient days in the state fiscal year ended June 30, 2007, and with an established geriatric teaching program for physicians, medical students, and other health professionals, as follows: (1) the rate for any such facility shall be developed collaboratively through an agreement among the office of Medicaid, the division of health care finance and policy, and any such health care facility; provided that the process for development of this rate shall include a mechanism to adjust the rate to account for costs outside the reasonable control of the facility that may arise after the rate has been established; (2) the reimbursement methodology shall incorporate the following components: (a) utilization of the payment methodology in effect during fiscal year 2006 together with the most recent 403 cost report filed with the division of health care finance and policy, (b) a per diem rate shall be established which reimburses the full cost, including capital, for both acute and administratively necessary services, (c) a separate per diem rate shall be established which reimburses the full cost, including capital, for long term care services, (d) both rates shall include the full cost, not otherwise reimbursed, of teaching and research activities, and (e) rates shall be inflated over the base year period by the applicable medicare market basket inflation factors; (3) until such time as the new reimbursement methodology is established pursuant to this section, the per diem rates for any such facility shall be increased by at least 13 dollars per day over the rates in effect on April 1, 2007, for the year starting July 1, 2007, and by 5 percent annually for each subsequent year; provided that, notwithstanding this section or any contractual or other provision of law, such facility shall have the right to an increase to the rate then in effect to account for costs outside the reasonable control of such facility that may arise; and (4) notwithstanding any other provision of law, in no event will the rates of payment be lower than the highest rate in effect for such facility in the previous state fiscal year; provided further, that in calculating rates of payment for children enrolled in MassHealth receiving inpatient services at acute care pediatric hospitals and pediatric subspecialty units as defined in section 1 of chapter 118G of the General Laws, the executive office shall make a supplemental payment, if

necessary, sufficient to assure that inpatient SPAD and outlier payments for discharges with a case mix acuity greater than 5.0 shall be at least equal to 85 per cent of the expenses incurred in providing services to those children; provided, further, that $1.7 million shall be expended for a primary care workforce development and loan forgiveness program at community health centers, for the purpose of enhancing recruitment and retention of primary care physicians and other clinicians at community health centers throughout the Commonwealth, to be administered by the Massachusetts League of Community Health Centers in consultation with the secretary of the executive office of health and human services and relevant member agencies; and provided, further, that said funds shall be matched by other private or public funds; and provided, further, that the League shall work with said secretary and said agencies to maximize all sources of public and private funds; provided further, that expenditures for the purposes of each item appropriated for the purpose of programs authorized by chapter 118E of the General Laws shall be accounted for according to such purpose on the Massachusetts management accounting and reporting system not more than 10 days after such expenditures have been made by the medicaid management information system; provided further, that no expenditures shall be made for the purpose of such programs that are not federally reimbursable, except as specifically authorized herein, or unless made for cost containment efforts the purposes and amounts of which have been submitted to the house and senate committees on ways and means 30 days prior to making such expenditures; provided further, that notwithstanding section 1 of chapter 118G of the General Laws or any general or special law to the contrary, for fiscal year 2008 the definition of a pediatric specialty unit shall include an acute care hospital with a burn center verified by the American Burn Center and the American College of Surgeons and a level 1 trauma center for pediatrics verified by the American College of Surgeons; provided further that a pediatric specialty unit as defined in this item shall be exempt from the inpatient and outpatient efficiency standards being applied to their rate methodology; provided further, that the executive office may continue to recover provider overpayments made in the current and prior fiscal years through the medicaid management information system, and that such recoveries shall be deemed current fiscal year expenditure refunds; provided further, that the executive office may collect directly from a liable third party any amounts paid to contracted providers under chapter 118E of the General Laws for which the executive office later discovers another third party is liable if no other course of recoupment is possible; provided further, that no funds shall be expended for the purpose of funding interpretive services directly or indirectly related to a settlement or resolution agreement, with the office of civil rights or any other office, group or entity; provided further, that interpretive services currently provided shall not give rise to enforceable legal rights for any party or to an enforceable entitlement to interpretive services; provided further, that the federal financial participation received from claims filed for the costs of outreach and eligibility activities performed at certain hospitals or by community health centers which are funded in whole or in part by federally permissible in-kind services or provider donations from the hospitals or health centers, shall be credited to this item and may be expended without further appropriation in an amount specified in the agreement with each donating provider hospital or health center; provided further, that notwithstanding any general or special law to the contrary, the executive office shall require the commissioner of mental health to approve any prior authorization or other restriction on medication used to treat mental illness in accordance

with written policies, procedures and regulations of the department of mental health; provided further, that said executive office, in fiscal year 2008, shall not eliminate payment to hospital outpatient departments for primary care provided to MassHealth members; provided further, that the secretary shall ensure that supplemental Medicaid rates required pursuant to section 128 chapter 58 of the acts of 2006 are implemented in fiscal year 2008; provided further, that the secretary shall ensure that all medicaid benefit restorations, program expansions, and rate increases required pursuant to chapter 58 of the acts of 2006 are implemented in fiscal year 2008; provided further, the executive office shall include smoking and tobacco use cessation treatment and information within MassHealth covered services pursuant to section 108 of chapter 58 of the acts of 2006; provided further, that the executive office shall develop a process whereby all participating providers who have signed the Virtual Gateway Services Agreement shall have access to the contents of the consolidated summary of any individual's application submitted through the virtual gateway; provided further, that said information access shall comply with all HIPPA requirements and state privacy laws; and provided further, that any projection of deficiency in item 4000-0320, 4000-0430, 4000-0500, 4000-0600, 4000-0620, 4000-0700, 4000-0860, 4000-0870, 4000-0875, 4000-0880, 4000-0890, 4000-0891, 4000-0895, 4000-0990, 4000-1400 or 4000-1405, shall be reported to the house and senate committees on ways and means not less than 90 days before the projected exhaustion of funding and that any unexpended balance in these accounts shall revert to the General Fund on June 30, 2008 ..... $143,773,307

and move to further amend the bill in section 2, by striking item 4000-0301, and inserting in place thereof the following:-

4000-0301 For the costs of MassHealth provider and member audit and utilization review activities including, but not limited to eligibility verification, disability evaluations, provider financial and clinical audits and other initiatives intended to enhance program integrity $2,200,000

and move to further amend the bill in section 2, by striking item 4000-0352, and inserting in place thereof the following item:-

4000-0352 For MassHealth, enrollment outreach grants to public and private nonprofit groups to be administered by the executive office; provided further,, that grants shall be awarded to groups statewide, including areas in which the United States Census deems a high percentage of uninsured individuals and areas in which there are limited health care providers; provided further, that funds shall be awarded as grants to community and consumer-focused public and private nonprofit groups to provide enrollment assistance, education and outreach activities directly to consumers who may be eligible for MassHealth or subsidized health care coverage, and who may require individualized support due to geography, ethnicity, race, culture, immigration or disease status and representative of communities throughout the commonwealth; provided further, that funds shall be allocated to provide informational support and technical assistance to recipient organizations and to promote appropriate and effective enrollment activities through the statewide health access network; provided further, that the cost of information support and technical assistance shall not exceed 10 per cent of the appropriation and shall not be used to defray current state obligations to provide this assistance; provided further, that in awarding said grants, the

executive office of health and human services, in consultation with the division of medical assistance, shall provide written guidance to selected grantees with specific strategies of how to expend funds in the most efficient manner to target populations and avoid duplication of activities, including examples of best practices among prior year outreach grant recipients and provided further, that the secretary shall report to the house and senate committees on ways and means on the exact amounts distributed in fiscal year 2008 by March 1, 2008 and the extent to which any portion of resulting expenditures are eligible for federal reimbursement $750,000

and move to further amend the bill in section 2, by striking item 4000-0500, and inserting in place thereof the following:-

4000-0500 For health care services provided to medical assistance recipients under the executive office's primary care clinician/mental health and substance abuse plan or through a health maintenance organization under contract with the executive office; provided, that funds may be expended from this item for health care services provided to the recipients in prior fiscal years; provided further, that no payment for special provider costs shall be made from this item without the prior written approval of the secretary of administration and finance; provided further, that said executive office shall ensure that actuarially sound rates for a publicly-operated entity pursuant to section 122 of chapter 58 of the acts of 2006 are implemented in fiscal year 2008; provided further, that expenditures from this item shall be made only for the purposes expressly stated herein; provided further, that the secretary of health and human services and the commissioner of mental health shall report quarterly to the house and senate committees on ways and means relative to the performance of the managed care organization under contract with the executive office to administer the mental health and substance abuse benefit; provided further, that such quarterly reports shall include, but not be limited to, analyses of utilization trends, quality of care and costs across all service categories and modalities of care purchased from providers through the mental health and substance abuse program, including those services provided to clients of the department of mental health; provided further, that not less than $10,000,000 shall be expended for disproportionate share payments for inpatient services provided at pediatric specialty hospitals and units; provided further that $11,700,000 shall be expended on disproportionate share payments to high public payer hospitals; provided further, that in conjunction with the new medicaid management information system project, said executive office shall continue to study the feasibility of modifying its claim payment system, in collaboration with the MassHealth behavioral health contractor, to routinely process for payment valid claims for medically necessary covered medical services to eligible recipients with psychiatric and substance abuse diagnoses on a timely basis in an effort to avoid delay and expenses incurred by lengthy appeals processes; and provided further, that said secretary shall report to the house and senate committee on ways and means any proposed modifications to said payment system, and a timeline of steps to be taken to implement said modifications; $2,711,969,860

and move to further amend the bill in section 2, in item 4000-0600, by inserting at the end thereof the following:— and provided further, that effective July 1, 2007 for the fiscal year ending June 30 2008, the division of health care finance and policy shall establish MassHealth nursing facility rates that result in payments to nursing facilities that are not

less than $80,000,000 above the payments made to said facilities in fiscal year 2007

and move to further amend item 4000-0600 by striking the figures “$1,907,632,048” and inserting in place thereof the following:- $1,918,632,048.

and move to further amend the bill in section 2, by striking item 4000-0640, and inserting in place thereof the following:-

4000-0640 For nursing facility Medicaid rates; provided, that notwithstanding any general or special law to the contrary, in fiscal year, 2008 the division of health care finance and policy shall establish nursing facility Medicaid rates that cumulatively total $288,500,000 more than the annual payment rates established by the division under the rates in effect as of June 30, 2002, as mandated under section 1 of chapter 42 of the acts of 2003; provided further, that the division shall adjust per diem rates to reflect any reductions in Medicaid utilization; provided further, that the payments made pursuant to this line item shall be used in a manner that complies with 42 U.S.C Section 1903 (w)(3)(A) and allocated in the following manner in fiscal year 2008: (1) effective July 1, 2007, an annual amount of $99,000,000 in the aggregate to fund the use of 2000 base year cost information for rate determination purposes; provided, that $9,000,000 of this amount shall be expended for purposes of reimbursing nursing facilities for up to 10 bed hold days for patients of the facility on medical and non-medical leaves of absence; (2) effective July 1, 2007, an annual amount of $122,500,000 for enhanced payment rates to nursing homes; (3) effective July 1, 2007, an annual amount of $50,000,000 to fund a rate add-on for wages, hours and benefits and related employee costs of direct care staff of nursing homes; provided further, that as a condition for such a rate add-on, the division shall require that each nursing home document to the division that such funds are spent only on direct care staff by increasing the wages, hours and benefits of direct care staff, increasing the facility’s staff-to-patient ratio, or by demonstrably improving the facility’s recruitment and retention of nursing staff to provide quality care, which shall include expenditure of funds for nursing facilities which document actual nursing spending that is higher than the median nursing cost per management minute in the base year used to calculate Medicaid nursing facility rates; provided further, that a facility’s direct care staff shall include all nursing personnel including registered nurses, licensed practical nurses, and certified nurses’ aides hired by the facility from any temporary nursing agency or nursing pool registered with the department of public health, provided further, that the division shall credit wage increases that are over and above any previously collectively bargained wage increases; provided further, that in monitoring compliance for this rate add-on, the division’s regulations shall adjust any spending compliance test to reflect any Medicaid nursing facility payment reductions, including, but not limited to, rate reductions imposed on or after October 1, 2002; provided further, that the expenditure of these funds shall be subject to audit by the division in consultation with the department of public health and the executive office of health and human services; provided further, that in implementing this section, the division shall consult with the Nursing Home Advisory Council; (4) effective July 1, 2007, an annual amount of $16,450,000 (a) to fund rate adjustments for reasonable capital expenditures by nursing homes, giving priority to nursing homes located or constructed in under-bedded areas as determined by said executive office, in consultation with the division, that meet quality

standards established by the executive office of health and human services in conjunction with the department of public health and the division for the purposes of encouraging the upgrading and maintenance of quality of care in nursing homes; and (b) to fund rate adjustments to eligible nursing homes that meet utilization standards established by the executive office of health and human services in consultation with the division for the purpose of reducing unnecessary nursing home admissions and facilitating the return of nursing home residents of non-institutional settings; provided further, that to the extent that the annual amount of $17 million in this clause is not fully allocated, the division shall first provide operating or capital rate adjustments for publicly operated, urban and geographically-isolated nursing homes; (5) $300,000 for the purposes of an audit of funds distributed under clause (3); provided further, that the division, in consultation with the department of public health and with the assistance of the executive office of health and human services, shall establish penalties sufficient to deter noncompliance to be imposed against any facility that expends any or all monies in violation of clause (3), including but not limited to recoupment, assessment of fines or interest; provided further, that the division shall report to the house and senate committees on ways and means not later than October 1, 2007 a preliminary analysis of funds expended under this subsection in fiscal year 2007 and a description and timeline for auditing of these funds; (6) $250,000 to fund expenses of the division related to the implementation and administration of section 25 of chapter 118G of the General Laws; and (7) an amount sufficient to implement section 622 of chapter 151 of the acts of 1996; and provided further, that any additional funds that may become available through this item due to decreased Medicaid utilization shall first fund a per-diem rate add-on for large Medicaid providers as specified in 114.2 CMR 6.06 (10) (a), as in effect on September 1, 2003 and then fund further enhanced rates to nursing homes. $288,500,000

and move to further amend the bill in section 2, in item 4000-0700, by striking out the figure “$1,492,425,551” and inserting in place thereof the following:- “$1,507,225,551”

and move to further amend the bill in section 2, by striking item 4100-0060, and inserting in place thereof the following:-

4100-0060 For the operation of the division; provided, that notwithstanding any general or special law to the contrary, the assessment to acute hospitals authorized pursuant to section 5 of chapter 118G for the estimated expenses of the division shall include in fiscal year 2008, the estimated expenses, including indirect costs, of the division and shall be equal to the amount appropriated in this item less amounts projected to be collected in fiscal year 2008 from: (1) filing fees; (2) fees and charges generated by the division’s publication or dissemination of reports and information; and (3) federal financial participation received as reimbursement for the division’s administrative costs; provided further, that the assessed amount shall not be less than 65 per cent of the total expenses appropriated for the division and the health safety net office; provided further, that the division shall promulgate regulations requiring all hospitals receiving payments from the health safety net trust established pursuant to section 57 of 118E to report to the division the following utilization information: the number of inpatient admissions and outpatient visits by age category, income category, diagnostic category and average charge per admission; provided further, that the division shall submit quarterly to the house and senate

committees on ways and means a summary report compiling said data; provided further, that the division, in consultation with the executive office of health and human services, shall not promulgate any increase in medicaid provider rates without taking all measures possible under Title XIX of the Social Security Act or any successor federal statute to ensure that rates of payment to providers do not exceed such rates as are necessary to meet only those costs incurred by efficiently and economically operated providers in order to provide services of adequate quality; provided further, that the division shall meet the reporting requirements of section 25 of chapter 203 of the acts of 1996; provided further, that funds may be expended for the purposes of a survey and study of the uninsured and underinsured in the commonwealth, including the health insurance needs of the residents of the commonwealth; provided further, that said study shall examine the overall impact of programs administered by the executive office of health and human services on the uninsured, the underinsured, and the role of employers in assisting their employees in affording health insurance pursuant to section 23 of chapter 118G of the General Laws; provided further, that the division shall publish annual reports on the financial condition of hospitals and other health care providers through the Health Benchmarks project website, in collaboration with the executive office of health and human services, the office of the attorney general, and the University of Massachusetts; provided further, that the division shall submit to the house and senate committees on ways and means and the joint committee on health care financing not later than December 6, 2007 a report detailing utilization of the health safety net trust fund; provided further, that the report shall include: (1) the number of persons in the commonwealth whose medical expenses were billed to said trust in fiscal year 2007; (2) the total dollar amount billed to the said trust in fiscal year 2007; (3) the demographics of the population using said trust and (4) the types of services paid for out of the trusts' funds in fiscal year 2007; provided further, that the division shall include in the report an analysis on hospitals' responsiveness to enrolling eligible individuals into the MassHealth program upon the date of service rather than charging said individuals to the health safety net trust; provided further, that the division shall include in the report possible disincentives the state could provide to hospitals to discourage such behavior; provided further, that notwithstanding any general or special law or rule or regulation to the contrary, the division shall not allow any exceptions to the usual and customary charge defining rule as defined in 114.3 CMR 31.02, for the purposes of drug cost reimbursement to eligible pharmacy providers for publicly aided and industrial accident patients; provided further, that the division is hereby authorized to change the pricing standard used by said division when determining the rate of payment to pharmacy providers for prescribed drugs for publicly-aided or industrial accident patients if such a change would financially benefit the commonwealth; provided further, that the division shall prepare a report on the savings realized by the MassHealth Pharmacy Program, for the first 3 months of fiscal year 2008, as a result of the reimbursement rate reductions for multiple source drugs for which upper limits have been set by the federal Centers for Medicare and Medicaid Services; provided further, that using said data, the division shall also estimate the program savings for fiscal year 2008; provided further, that the division shall forward a copy of this report to the Secretary of Administration and Finance, and to the House and Senate Committees on Ways and Means no later than November 15, 2007; and provided further the division, after consultation with the Secretary and the Chairpersons of the Ways and Means committees, may adjust pharmacy dispensing fees for

multiple source prescription drugs to compensate for any reduction as a result of the upper limits implemented under the Deficit Reduction Act of 2005 ..... $13,979,008

and move to further amend the bill in section 2, in item 4100-2008, by striking out the figure "$209,292" and inserting in place thereof the following:- "$800,000"

and move to further amend the bill in section 2, by striking out item 9110-1455, and inserting in place thereof the following:-

9110-1455 For the costs of the drug insurance program authorized by section 39 of chapter 19A of the General Laws; provided, that amounts received by the executive office of elder affairs' vendor as premium revenue for this program may be retained and expended by the vendor for the purposes of the program; provided further, that notwithstanding any general or special law to the contrary, unless otherwise prohibited by state or federal law, prescription drug coverage or benefits payable by the executive office of elder affairs, and the entities with which it has contracted for administration of the subsidized catastrophic drug insurance program pursuant to section 39 of said chapter 19A, shall be the payer of last resort for this program for eligible persons with regard to any other third-party prescription coverage or benefits available to such eligible persons; provided further, that this program is subject to appropriation and expenditures shall not exceed in fiscal year 2008 the amount authorized in this item; provided further, the department shall allow those who meet program eligibility criteria to enroll in the program at any time during the year; provided further, that not less than $600,000 shall be made available for the operation of the pharmacy outreach program established by Section 4C of Chapter 19A of the Massachusetts General Laws; provided further, that the executive office shall take steps for the coordination of benefits with the Medicare prescription drug benefit created pursuant to the federal Medicare Prescription Drug Improvement and Modernization Act of 2003, to ensure that Massachusetts residents take advantage of said benefit; and provided further, that the department shall provide assistance for prescription drug costs to enrollees who qualify for Medicare Part D as well as assistance for premiums, deductibles, payments, and co-payments required by the Part D or Medicare Advantage plans; or by other plans which provide creditable prescription drug coverage as defined by section 104 of said Medicare Modernization Act, and which provide coverage of the cost of prescription drugs actuarially equal to or better than that provided by Medicare Part D..... $63,783,128

and move to further amend the bill in section 2, in item 9110-1500, by striking out the figure "$43,410,832" and inserting in place thereof the following:- "$44,910,832"

and move to further amend the bill in section 2, in item 9110-1630, by striking out the figure "$104,974,938" and inserting in place thereof the following:- "$105,224,938"

and move to further amend the bill in section 2, in item 9110-1636, by striking out the figure "$14,218,896" and inserting in place thereof the following:- "$14,468,896"

and move to further amend the bill in section 2, in item 9110-1640, by striking out the figure "$350,000" and inserting in place thereof the following:- "$425,000"

and move to further amend the bill in section 2, by striking out item 9110-1660, and inserting in place thereof the following:-

9110-1660	For congregate and shared housing services for the elderly provided further that the amount $75,000 shall be expended for the Jewish Family Services of Western Massachusetts to implement the Aging-Well at Home Program in Springfield, provided further, that $150,000 shall be used to fully fund a supportive senior housing program at Edward F Doolan Apartments in the city of Fall River; provided further, that no less than $75,000 shall be expended to fund the aging-in-place pilot project operated by the Jewish Family Service of the North Shore in Swampscott; provided further, that not less than $216,000 shall be allocated to the Helping Elders at Risk Through Homes (HEARTH) program; provided further that no less than $50,000 be expended for the Tuttle House facility in Dorchester; and provided further, that $375,000 shall be expended for an aging-in-place pilot project operated by of Jewish Family & Children's Service of Greater Boston (JF&CS) in Brookline and Malden, and by Jewish Family Service of Metrowest (JFS/MW) in Framingham.....	$2,947,800

and move to further amend the bill in section 2, in item 9110-1700, by striking out the figure "$250,000" and inserting in place thereof the following:- "$300,000"

and move to further amend the bill in section 2, by striking out item 9110-1900, and inserting in place thereof the following:-

9110-1900	For the elder lunch program and provided further, that not less than $40,000 shall be expended for a youth/elder outreach position at the Roche Family Community Center in West Roxbury	$5,935,303

and move to further amend the bill in section 2, in item 9110-9002, by striking out the figure "$7,575,000" and inserting in place thereof the following:- "$7,825,00"

and move to further amend the bill in section 13 by striking out, in line 11, the words "section 60" and inserting in the place thereof the following words:- section 39

and move to further amend the bill in said section 13 by inserting, after line 238, the following paragraph:-

(c) The office shall enter into an interdepartmental service agreement with the office of Medicaid to develop and implement a plan to achieve the improvements in the operations, management, payment processes and data integrity of the health safety net trust fund, consistent with, but not limited to, the provisions of subclauses (ii) through (v) of subsection (b). Said plan shall include, but not be limited to: (i) a review and analysis of free care and emergency bad debt claims submitted in the most recent 3-year period to determine the patterns most appropriate and promising for targeted audits and reviews; (ii) a cost effective approach to maximizing the identification of all sources of third party liability for patients receiving free care or emergency services; (iii) a cost-effective approach to establishing an ongoing claims and utilization review system for uncompensated care claims that is effective in identifying and disallowing inappropriate

claims, but also takes into consideration the practicality of said approach considering the small volume of claims relative to other payers that make routine use of claims and utilization review systems, and (iv) an approach that maximizes the use of existing eligibility determination and review systems, coordination of benefits, claims review and provider integrity systems, ISAs and related program and provider integrity contracts available to the office of Medicaid for achieving the management improvements required under this section. Said plan, and a proposed timeline for implementation of all components of the plan, shall be submitted to the joint committee on health care financing and the house and senate committees on ways and means no later than October 30, 2007. The office and the office of Medicaid shall jointly submit a report to joint committee on health care financing and the house and senate committees on ways and means no later than March 15, 2009, outlining the results of the management improvements implemented pursuant to said plan and provisions of this section and making any necessary recommendations for further improvements and reforms of the health safety net trust fund and its operations.

and move to further amend the bill by striking out section 21 and inserting in place thereof the following section:-

SECTION 21. Chapter 58 of the acts of 2006 is hereby amended by striking out section 128 and inserting in place thereof the following section:

Section 128. Notwithstanding any general or special law to the contrary, and in accordance with section 13B of chapter 118E of the General Laws, in fiscal year 2007, $90,000,000 shall be made available from the Commonwealth Care Trust Fund, established pursuant to section 2OOO of chapter 29 of the General Laws, to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in section 1 of chapter 118G of the General Laws, and physicians, provided that not less than 15 per cent of the increase shall be allocated to rate increases for physicians; provided further, that for fiscal year 2008, an additional $90,000,000 for a total of $180,000,000, shall be made available from the Commonwealth Care Trust Fund in accordance with the provisions of this section, to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in section 1 of said chapter 118G, and physicians, provided that not less than 15 per cent of the increase shall be allocated to rate increases for physicians. In fiscal year 2009, an additional $90,000,000, for a total of $270,000,000, shall be made available to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in said section 1 of said chapter 118G, and physicians, provided that not less than 15 per cent of the increase be allocated to rate increases for physicians. For purposes of payments to hospital pursuant to this section, fiscal year shall mean the hospital fiscal year, and for purposes of any payments to physicians pursuant to this section, fiscal year shall mean the state fiscal year.

and move to further amend the bill by striking out section 24 and inserting in place thereof the following section:-

SECTION 24. Notwithstanding any general or special law to the contrary, the comptroller shall, in consultation with the office of the state treasurer, the executive office for administration and finance, and the executive office of health and human services, develop a schedule and make a series of transfers not to exceed $346,000,000 from the General Fund to the MassHealth provider payment account in the Medical Assistance Trust Fund established pursuant to section 2QQQ of chapter 29 of the General Laws. Any increase in payment made from said trust that results in the cumulative payments from said trust totaling an amount greater than $251,000,000 in fiscal year 2008 shall be made only after: (i) the provisions of sections 130 and 131 of chapter 58 of the Acts of 2006 have been satisfied; and (ii) the secretary of the executive office of health and human services certifies that any said increase in payments from said trust shall not exceed the negotiated limit for section 1115 waiver spending. The secretary of health and human services shall notify, in writing, the house and senate committees on ways and means and joint committee on healthcare financing of said certification within 15 days.

and move to further amend the bill in section 40 by inserting after the words "acts of 2004" in line 3 the following: from the Uncompensated Care Trust Fund, or any successor fund,

and move to further amend the bill, in section 45, by striking out the words “Section 12” and inserting in the place thereof the following words:- Sections 11 and 13

and move to further amend the bill by adding the following section: -

SECTION XX. Notwithstanding the provisions of section 128 of chapter 58 of the acts of 2006, as amended by section 21 of this act, and in accordance with section 135 of said chapter 58, to the extent applicable under this section payment of $20,000,000 shall be made available to acute hospitals under said section 58 to pay for increases in Medicaid rates to such hospitals in state fiscal year 2008 shall be contingent on hospital adherence to quality standards and achievement of performance benchmarks, including the reduction of racial and ethnic disparities in the provision of health care, in accordance with section 13B of chapter 118E of the General Laws; provided further, that for purposes of implementing the provisions of this section, for state fiscal year 2008, any such performance benchmarks shall be limited to and defined by reference to the reporting of measures to be reported by hospitals to the federal Centers for Medicare & Medicaid Services for Reporting Hospital Quality Data for Annual Payment Update, to the Joint Commission on Accreditation of Healthcare Organizations for core measures, or to the MassHealth Program pursuant to appendix G of the contract between MassHealth and acute hospitals for Rate Year 2007. For state fiscal year 2008, each acute hospital subject to this section and to section 128 of said chapter 58 of the acts of 2006 shall report the data provided for in this section quarterly, and ¼ of the amount withheld from payment to such hospital pursuant to this section shall be paid upon receipt of said quarterly reports.